

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561,935

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1/2 | | | | |
| 4 | | 1/2 | | | | |
| 5 | | 1/2 | | | | |
| 6 | 1 | | | | | |
| 7 | | 1 | | | | |
| 8 | | 1/2 | | | | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 8 | | | | | |
| TOTAL CLAIMS | 10 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |